

EXHIBIT D

697 Waverly Street, Framingham MA 017

800.994.6322, 508.820.0606.
FAX 888.820.0583 or 508.820.1616

DATE:

NAME OF

NAME OF FACILITY: MARION PAIN MANAG-ENT PHONE NUMBER:

PHONE NUMBER:

352 672 1845-1840.

ADDRESS: 1737 SE 28th Loop

CONTACT NAME:

P.O.#:

We must have Facility name & address to process your prescription order - Thank you.

[illegible]

Physician's Name/Signature: MANGALA SHETTY MD DEA Number: BS5878802

For NECC Use Only

NECC Agent:

Date: 8/14/20 Time:

V102309



New England Compounding Center, Inc.
PO Box 4146
Woburn, MA 01888-4146
Ph. 508-820-0606
Fx. 508-820-1616

Invoice

Date	Invoice #
8/15/2012	225768

Bill To
MARION PAIN MANAGEMENT CENTER 1737A SE 28TH LOOP OCALA, FL 34471 ATTN: YOLANDA BERRIOS

Ship To
MARION PAIN MANAGEMENT CENTER 1737A SE 28TH LOOP OCALA, FL 34471 ATTN: YOLANDA BERRIOS

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Account#
	CREDIT CARD	JN-S	8/15/2012	FEDEX		
Quantity	Item Code	Description			Price Each	Amount
150	METHYL 80/1 PF	METHYLPREDNISOLONE ACETATE (PF) 80			8.00	1,200.00
1	Second Day Shipp...	MG/ML INJECTABLE, 1 ML			15.00	15.00
<div>Rec'd 8/17/12 3</div>						
!!!THANK YOU FOR YOUR ORDER!!!					Total	\$1,215.00
PLEASE PLACE INVOICE NUMBER ON PAYMENT					Credits	\$-1,215.00
					Balance Due	\$0.00